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CALIFORNIA'S HEALTH

WILTON L. HALVERSON, M.D.
DIRECTOR OF PUBLIC HEALTH

STATE DEPARTMENT OF PUBLIC HEALTH
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California Local Public Health Work — Progress and Problems*

WILTON L. HALVERSON, M.D., Dr.P.H., Director,
California State Department of Public Health

The California Conference of Local Health Officers now begins the fifth year of its existence. I do not believe that any of us realized when the conference first met that it would create the close relationship that exists between local health departments and the State Department of Public Health. For all of us in the state department, this relationship has brought about a clearer understanding of the problems and responsibilies of local health officers. Conversely, it has given local health officers a better understanding of the duties and responsibilities of the State Department of Public Health. The end result of the relationship is to give California a strong, unified force working for the public health.

We have much to be proud of in the way that we have worked together toward achieving this end. It is obvious to all of us that there has been a two-way interchange developed between state and local health departments, although I think you will agree that the majority of the problems considered have been introduced by members of the staff of the State Department of Public Health. In the further development of the conference, local health departments should, and, I believe, will initiate more of the matters for consideration.

As a result of our experience thus far it is very properly suggested that we review and clarify the functions, scope, and procedure of the conference, and, on the basis of this review, formulate a statement of action more accurate than the one under which we now work. As a part of this review you will probably want to consider the relationship of your staff leaders to the study committees and possibly to the staff of the State Department of Public Health.

Significant Public Health Advances

In addition to the fact that 12 health departments have come into being during the past four years, many local health departments are moving into new fields of service. This has not required a lot of special pressure from individual programs. In fact, we have, through the conference organization and the State's Division of Local Health Service, attempted to avoid the high-pressure approach. Perhaps the development of these new programs is some evidence of success in that we have avoided creating resistance.

Chronic Disease

In the field of chronic disease, special activities have been carried on in connection with the mass tuberculosis surveys in San Diego, Los Angeles, and Contra Costa Counties. Roughly one case of primary lung cancer and 10 new clinically significant cases of heart disease have been found per 10,000 persons screened. A much higher proportion of the lung cancer cases so discovered are amenable to surgery than are those cases which are discovered only as a result of symptoms.

Screening for diabetes was incorporated in the Contra Costa survey, and it is anticipated that over 100 new cases of diabetes may be discovered.

One local health department has added cytological screening to its laboratory services for those patients seen at the county hospital. This has resulted in the discovery of several cases of otherwise unrecognized cancer.

* Delivered at meeting of California Conference of Local Health Officers, Los Angeles, May 16, 1951.

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Crippled Children Services

During the past year, five local health departments have organized programs for crippled children on a decentralized administrative basis.

Industrial Health

Four local health departments have inaugurated significant activities in the field of industrial health involving the employment of specialized personnel.

Medical Social Work

For many years there was, so far as I know, only one health department operating a generalized medical social work program. It is interesting to know that there are now nine local health departments employing a total of 31 medical social workers. This development is extremely important.

Tuberculosis Control

In connection with the tuberculosis control program you have all received information regarding the availability of a facility for the hospitalization of recalcitrant patients. This is located at Terminal Island as a part of one of the medical facilities of the State Department of Corrections. At present there are only two patients hospitalized in the category for which there seemed such great demand and for which the Legislature approved an appropriation of $75,000. If there are additional recalcitrant patients who cannot be properly cared for in the various county institutions, limited space is available at the Terminal Island facility.

Laboratory Services

Growth of local public health laboratory services has been influenced by funds made available through the U. S. Public Health Service and more recently by the State Public Health Assistance Act. Prior to the Social Security Act there were only nine local public health laboratories. This had increased to 32 by 1947, and since that time, 10 additional laboratories have been set up. Two more are now in the planning stage, and only the smaller departments lack this important facility.

It might be of interest to you to know that the number of public health laboratory procedures has grown from a little over a million in 1943 to approximately 2,200,000 in 1950, or about one procedure for every five individuals in our population.

Hospital Regulations

I should like to call your attention to the fact that the State Board of Public Health during the past year amended the Hospital Regulations so that nursing homes caring for less than two persons are exempted from licensure. This was a somewhat sharply contested change. The nursing home operators generally were opposed to the amendment. The Hospital Advisory Board, as well as the staff of the State Department of Public Health were in favor of the change. Main reason for favoring exemption was that the personal attention which is given to one or two patients, often by their own relatives in a family home, more than offsets failure to comply with all regulations which govern the larger, licensed nursing homes.

The Hospital Advisory Board has indicated that this exemption should be considered as a trial. Information from the various local health officers on how the change is working out will be greatly appreciated by the Bureau of Hospitals and the Hospital Advisory Board during the coming year.

Reporting of Unusual Disease Occurrence

Because of the threat of biological warfare, the U. S. Public Health Service, the American Public Health Association, and the epidemiologists from the various states and large cities have recently held a conference in Atlanta to consider ways and means of obtaining reports of unusual incidence of disease. Very few scientists in the field believe that tests can be developed which will indicate the presence of infectious or toxic agents, and most think that the first information available will probably be the occurrence of illness. It is, therefore, highly important that some method of reporting unusual occurrences be developed as expeditiously as possible. This matter will be presented to the conference for discussion and consideration.

Civil Defense

The relationship of the civil defense program to the work of the state and local health departments is an important one. Several of you have discussed with me the danger of the diversion of funds for regular and needed public health services into the civil defense program. On the basis of your comments to me, a statement indicating the importance of the maintenance of local health services has been sent to the various governmental agencies concerned.

On the other hand, it is highly important that the medical and health activities of civil defense be integrated very closely with the work of the local health departments. As with any emergency program, in time of great stress the apparently less urgent preventive procedures may suffer. For this reason, we who are looked to as the leaders in the field of public health must, now and continuously, review our program so that in the event of an emergency where it is necessary to make a choice, the lower priority functions will be discontinued first.

Leadership in the medical and health services disaster planning should come from the local health officer and his department. You have a very legitimate interest and a very definite responsibility which cannot be shifted to other persons.

Should an incident occur, or if we take the assumptions of the Director of Civil Defense for the State of California, should eight incidents occur at the same time or nearly the same time, panic and pandemonium are likely. But the question as to whether and how soon we will be able to restore productive activity depends on careful planning. This is the primary objective of a civil defense program. Unless the international climate changes a great deal, it will be increasingly necessary for you and me personally, and for the various leaders of our staffs to give more time to defense program planning.

While the House Appropriations Committee deleted the medical and health supplies from the federal budget, the Senate Appropriations Committee did not concur, but restored the items. In talking with Dr. Norvin Kiefer I was encouraged to believe that these items will remain in the federal budget.

The California Legislature stands ready to appropriate funds for the purchase of medical and health supplies as soon as the Congress acts. This unwillingness on the part of the State Legislature to act first is that the Federal Government is committed to reimburse the states for supplies only if it has established a budget for this purpose prior to state appropriation funds.

Dr. Robert Dyar, who has been carrying the responsibility for the direction of the medical and health aspects of the defense program on the state level, furnished information to the Hatfield Interim Committee on Civil Defense to the effect that $5,000,000 would be required to purchase the supplies needed for the first 24 hours of service after a five-strike incident. On the basis of the new assumption of eight simultaneous strikes, it is likely that this recommendation must be similarly increased.

Sanitation

In the field of environmental sanitation there are several general problems which should receive consideration:

1. *Standards of Sanitation in Natural Bathing Areas.* The Health and Safety Code gives the State Department of Public Health responsibility for the safety and sanitation of public bathing places and empowers it to adopt regulations on this subject. However, to date, regulations have been adopted only on artificial swimming pools, even though there are a large number of places on streams and lakes which are maintained as swimming areas by commercial or public agencies. The importance of developing suitable bacterial and other standards for natural bathing places is accentuated by the fact that actions of the regional water pollution control boards in prescribing requirements for waste disposal are made extremely difficult by lack of suitable bacteriological and physical standards for water used for bathing. This problem, therefore, must be discussed with the conference through the Study Committee on Environmental Sanitation.

2. *Feeding of Raw Garbage to Hogs.* I need not describe to you the health hazards related to this practice. I am informed that in Southern California the matter may come to an issue in the coming year because the Fontana farms which utilize a great portion of Los Angeles' garbage in hog feeding operations will likely discontinue. It will, therefore, be necessary to find new outlets or new methods of garbage disposal for our largest metropolitan area. Consideration of the technical and economic, as well as the health and nuisance aspects of this operation, make it an exceedingly complex problem. It is necessary that we mutually review this situation to the end that the best possible current advice may be given when requested.

3. *Housing.* The responsibility of health departments in the field of housing is confused by failure to distinguish between public health interests in the field of housing and problems of construction and the installation of plumbing. The responsibility of health departments in the enforcement of the State Housing Act are widely neglected in many areas. These facts, coupled with the stimulation which is being given to the development of local interest in housing using the techniques developed by the Housing Committee of the American Public Health Association, justify a review of this subject by the conference. The experience of several health departments which, during recent years, have taken an active interest in this subject, will be of extreme value in these deliberations.

4. *Sanitation Services in Recreational Areas.* This is one of the perplexing problems that we constantly have with us in a state so blessed with natural recreational areas, used to a greater and greater degree by an increasing horde of vacationists. Several million hunting and fishing licenses are sold each year, and in addition, millions of our residents and out-of-state visitors look to these recreational areas for their vacation satisfactions. Thus far it has rarely been possible for local health officers and their departments to develop adequate supervision of sanitation problems. This is true principally because most recreation areas are in the counties with small populations and therefore small economic resources. The conference and the State Department of Public Health should give this matter very careful consideration.

Health Education

Local health officers in California have shown national leadership in the development of community health education programs. At the present time, 26 local health departments employ a total of 38 health educators, who, with few exceptions, have been trained for this specialized field.

Where this service has become established, the health education program has been of real value both to the local health officer and to the community. I mention this because some of you feel the need of additional health educators and because I am informed that additional qualified personnel will be available for the Fiscal Year 1951-1952.

Records and Statistics

The conference through its Committee on Records and Reports and later through the General Services Committee is to be congratulated on the development of an abbreviated but consistent plan for local health records and statistics. The planning which has been done should serve as an economical and efficient plan for statistical evaluation of services of local health departments, and is already being studied in other states.

Dental Health

I should like to mention the importance of preventive and control programs in the field of dental health. Only 11 of our counties have budgeted funds for dental programs at the present time; yet, in most instances, it is felt by our Division of Dental Health that the general population as well as the dental profession would support proposals for dental programs in public health.

You are all cognizant of the present status of the fluoridation of water supplies, and while, so far as I know, there is no city or water company in California at the present time utilizing this method for the prevention of dental caries, it is likely that one or two will initiate the procedure within the next few months.

Emphasis on Fluoridation

The value of fluoridation is well established. It would, therefore, seem to me that our major efforts during the coming months in the field of dental health should be directed toward the inauguration of fluoridation programs. I know of no better way, considering manpower shortages and economic factors, for the effective prevention of dental caries. I would, therefore, hope that we could give increasing consideration to the ways and means of developing an active interest in this phase of the dental health program.

Conclusion

This is not intended to be an inclusive statement of either accomplishments or problems facing us—nor is it implied that the conference should necessarily give priority consideration to the problems mentioned.

I wish to express the sincere appreciation of the entire State Department of Public Health for the personal sacrifices which almost every one of the local health officers has contributed to the successful development of the conference. Dr. Ellis Sox, the Chief of the Division of Local Health Service, and his staff, as well as many others of our staff, have worked with you very closely to bring about a working relationship which, through your participation, has made the public health program in this State a more efficient and respected arm of government. I am proud to have the opportunity of being associated with you in a work of this kind.

Strong Public Health Program Needed in Defense Effort

In an open letter to all local governing bodies in California, Dr. Wilton L. Halverson, State Director of Public Health, points up the urgency of maintaining strong public health services as a vital part of our civil defense effort. He urges local civil defense planners not to "borrow" essential public health personnel for unrelated civil defense duty, as such action would reduce the effectiveness of health departments at a time when their services are most needed, particularly in the event of biological or chemical attacks. Text of the letter follows:

> "The impact of civil defense planning is being reflected in all branches of government. Although it is important that the best talent be utilized in both planning for and meeting the disaster, we believe that maintenance of normal public health activities of the community should not be jeopardized by injudicious siphoning off of essential public health personnel into channels unrelated to their normal responsibility.
>
> "The activities of the health department are protective in the same sense as fire and police protection. Reduction of already understaffed departments may reduce the effectiveness of the health department to a dangerous level.
>
> "In this connection we would like to call your attention to the following statement by Dr. Leonard A. Scheele, Surgeon-General of the U. S. Public Health Service: 'In the long run—and it will be a long run—a strong expanding health program will be the most effective way of assuring a strong nation. The Public Health Service believes that any major reduction in civilian health services would be both unwise and uneconomical. Every setback to our public health services is a setback for national defense.'
>
> "Borrowing of personnel from the health department should be a temporary expedient only. This is especially important since the threat of biological and chemical attack requires a strengthened health department."

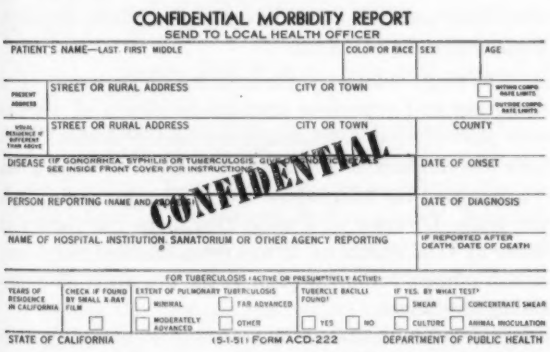
New "Confidential Morbidity Report" Form Effective July First

Beginning July 1st, a new record form, "Confidential Morbidity Report," will be used by physicians and agencies to make reports of notifiable diseases to local health departments, or to the State Department of Public Health in areas not served by a full-time local health department. Simplification for quick reporting of communicable diseases is the purpose of the revision of these record forms.

Preceding this revision, a two-year study of the problem was made by staff of the State Department of Public Health, in consultation with other interested persons and agencies, including committees of the California Conference of Local Health Officers. The following criteria were used in developing the revised form: (1) to request only information essential to begin public health action or increase epidemiologic knowledge, and (2) to make it easier for physicians to supply the information requested.

The new form will replace three separate forms previously used, one to report tuberculosis, one to report venereal diseases (other than cases reported by cooperating venereal disease clinics), and one for the rest of the reportable diseases and conditions.

The new form is reproduced below:



CONFIDENTIAL MORBIDITY REPORT
SEND TO LOCAL HEALTH OFFICER

PATIENT'S NAME—LAST FIRST MIDDLE | COLOR OR RACE | SEX | AGE

PRESENT ADDRESS: STREET OR RURAL ADDRESS | CITY OR TOWN | ☐ WITHIN CORPORATE LIMITS ☐ OUTSIDE CORPORATE LIMITS

USUAL RESIDENCE IF DIFFERENT THAN ABOVE: STREET OR RURAL ADDRESS | CITY OR TOWN | COUNTY

DISEASE (IF GONORRHEA, SYPHILIS OR TUMERCULOSIS, GIVE [illegible] SEE INSIDE FRONT COVER FOR INSTRUCTIONS) | DATE OF ONSET

PERSON REPORTING (NAME AND [illegible]) | DATE OF DIAGNOSIS

NAME OF HOSPITAL, INSTITUTION, SANATORIUM OR OTHER AGENCY REPORTING | IF REPORTED AFTER DEATH, DATE OF DEATH

CONFIDENTIAL

FOR TUBERCULOSIS (ACTIVE OR PRESUMPTIVELY ACTIVE)

YEARS OF RESIDENCE IN CALIFORNIA | CHECK IF FOUND BY SMALL X-RAY FILM ☐ | EXTENT OF PULMONARY TUBERCULOSIS: ☐ MINIMAL ☐ FAR ADVANCED ☐ MODERATELY ADVANCED ☐ OTHER | TUBERCLE BACILLI FOUND? ☐ YES ☐ NO | IF YES, BY WHAT TEST? ☐ SMEAR ☐ CONCENTRATE SMEAR ☐ CULTURE ☐ ANIMAL INOCULATION

STATE OF CALIFORNIA (5-1-51) FORM ACD-222 DEPARTMENT OF PUBLIC HEALTH

The original copy of the "Confidential Morbidity Report" will be sent to the State Department of Public Health for all cases of reportable diseases except the nine communicable diseases which are reported to the State by total numbers only. These diseases are chickenpox; food poisoning, other than botulism and salmonellosis; German measles; influenza, epidemic; measles; mumps; pertussis; pneumonia, primary infectious; streptococcal infections, respiratory, including scarlet fever.

Starting July 1st, these nine diseases will be reported on one card, "Summary Morbidity Report," by health jurisdiction instead of by geographic area as has been done formerly. Use of the additional form, "Morbidity Transmittal Report," will be discontinued.

Mass Blood Typing Held Inadvisable by Civil Defense Committee

A statement advising against mass blood typing of the population in California has been issued by the State Civil Defense Office. The public is urged, however, to donate blood freely to help meet military and civil defense needs. The statement, which is a recommendation of the Technical Subcommittee on Blood and Derivatives and has been approved by the Governor's Medical Advisory Committee on Civil Defense, follows:

> "There is an urgent need for increased blood donations to take care of the present requirements of the armed forces, to stockpile plasma for civil defense, and to provide for the regular day-to-day needs of the sick and injured civilian population. The Office of Civil Defense, therefore, urges a marked increase in the participation of the people of California in giving blood for these purposes through established blood banks.
>
> "This will provide blood and blood derivatives that are needed now. At the same time, the donor will be provided information as to his blood type. This will also establish a roster of persons of known blood group, which will be important in event of a major disaster.
>
> "The Office of Civil Defense, after serious consideration of the question of 'mass typing,' does not recommend a program of indiscriminate typing of the general population of the State of California at this time.
>
> "Such a program could not be efficiently conducted and would be extremely hazardous because blood typing only, of a potential recipient or donor, is not sufficient safeguard and protection to permit the administration of type-specific blood without cross-matching. Furthermore, existing laboratory facilities are not adequate to carry out such an extensive program at this time.
>
> "It is suggested that persons who will not participate in the blood donor program, but desire blood type information, consult their private physicians."

Health Officer Changes

John O. Raffety, M.D., has been appointed full-time Health Officer for Yolo County, succeeding John G. O'Hara, M.D., who had served as the county's part-time health officer since 1943. Dr. Raffety was formerly Health Officer of Yolo County from 1938 to 1940, and has since filled similar posts in Sonoma and Santa Cruz Counties. He also served for a time as Deputy Director of the State Department of Public Health.

R. O. Ingham, M.D., resigned as Health Officer of Santa Cruz County, effective June 1st. No successor had been named as of that date.

HIGHLIGHTS OF HEALTH OFFICERS' MEETING

Subjects as broad as the field of modern public health were considered at the semiannual meeting of the Conference of Local Health Officers in Los Angeles in May. Highlights of the action taken by the conference on recommendation of its Committee on Administrative Practices following study by subcommittees are summarized below.

Dr. J. B. Askew, Health Officer of San Diego City and County, is President of the Conference. Dr. John Philp, Butte County Health Officer, is Chairman of the Committee on Administrative Practices.

Health Center Construction

A change in the formula for determining priority points for eligibility for federal and state funds for construction of health centers was recommended to the State Hospital Advisory Council. The recommended formula is: Percent of need met—70 points; adjacency —20 points; population—10 points. The method of applying the formula provides that the Health Department with the lowest number of points is highest in priority.

The Study Committee on Health Center Construction was directed to work out a plan under which it would be advantageous in terms of priority for city and county health departments to combine housing facilities. Such a plan would apply to localities where separate city and county departments are maintained.

School Health Services

Recommended practices for local health departments in the provision of school health services were changed by rescinding Recommendation 15 of the *Standards and Recommendations for Local Health Departments.* The new Recommendation 15 follows:

> The responsibility for providing school health services varies in communities for a number of reasons. In some areas, schools have taken leadership; in others, health departments have taken leadership. It is becoming increasingly apparent that the degree of mutual understanding that exists between the two agencies, with the pooling of resources of both agencies, is far more important than which department provides the services. Therefore, it is recommended that the determination of which agency can best provide such service, as well as the planning of the total school health program, be a matter of local decision which can best be determined through joint planning and coordination by all interested agencies and individuals.

Services to Physically Handicapped Children

The conference recommended that state funds be made available to local departments for administration of the crippled children's program. It was pointed out that this should be done without reducing funds available for care of crippled children.

Changes in the Administrative Code relating to minimum standards for local programs for physically handicapped children were recommended to the State Board of Public Health. These changes would simplify local administration, particularly in areas where the program is administered by an agency other than the health department.

Communicable Disease Control

The following treatment of animal bites was approved:

> The wound or bite should be cleaned thoroughly with a soap or detergent and water, allowing the detergent to remain in contact with the wound at least five minutes.

The conference went on record as encouraging the reporting by private laboratories of positive or doubtful serological tests for syphilis to local health officers.

In view of the fact that newer drugs have largely replaced older methods of treatment of syphilis, the conference recommended that the State Department of Public Health discontinue the practice of supplying arsenicals and bismuth to private physicians, through local health departments.

The responsibility of the local health department in detecting and reporting unusual incidence of disease as a part of civil defense against bacteriological warfare was considered by the conference. A detailed plan was adopted for telegraphic and mail reports through the State Director of Public Health to the National Office of Vital Statistics. It was recommended that local health officers bring the plan to the attention of practicing physicians.

Our thinking and planning these days must go beyond the usual components of peacetime programs. In addition to protection of water and food supplies, sanitation, and industrial health services, we must think, as well, in terms of mass casualty services and of defense against biological, radiological, and chemical warfare. We must think in terms of potential disasters far beyond our national experience. Our planning must, therefore, match in imagination and scope the greatest potential damage which could be inflicted on us by a determined enemy.—*Leonard A. Scheele,* Surgeon General, Public Health Service.

One out of five mothers with children under 18 years of age works outside the home.—*Children's Bureau.*

A. P. H. A. to Hold 79th Annual Meeting in San Francisco This Fall

San Francisco and California will play host to the 79th annual meeting of the American Public Health Association from October 29th to November 2d. Simultaneously, the 18th annual meeting of the association's western branch and annual meetings of 38 related organizations will be held. Preliminary plans for the conclave which will bring more than 5,000 health specialists to California from all parts of the Western Hemisphere have been announced by Dr. Reginald M. Atwater, A. P. H. A. executive secretary.

Professional public health workers attending the convention will hear more than 400 authorities discuss modern public health practice in all its aspects, including its vital relationship to national security and civilian defense. The meeting will have no central theme. Symposia are being developed by the association's 13 sections on the following subjects:

Mobilization of the Nation's Health, International Health, Hygiene of Aging, Sanitary Aspects of the Food Supply in Time of Disaster, The Emergency Maternal and Infant Care Program—How to Do It This Time, Long Term Illness in Children, Biological Warfare, School Health Practices Today, Air Pollution, Food Faddism, Cancer Diagnostic Programs, Medical Care for the Needy, Industrial Sanitation, The Mental Health Institute as an Education Device, Chronic Diseases, Problems in Immunization, and Water Fluoridation.

Sections of the A. P. H. A. include Health Officers, Laboratory, Statistics, Engineering, Industrial Hygiene, Food and Nutrition, Maternal and Child Health, Public Health Education, Public Health Nursing, Epidemiology, School Health, Dental Health and Medical Care.

Among the related organizations meeting with the association are: American Association of Registration Executives, American Association of Schools of Public Health, Association of Maternal and Child Health and Crippled Childrens Directors, Association of State and Territorial Health Officers, Commissioned Officers Association of the U. S. Public Health Service, Conference of Municipal Public Health Engineers, Conference of Professors of Preventive Medicine, Conference of Public Health Veterinarians, Conference of State and Provincial Public Health Laboratory Directors, Conference of State Directors of Public Health Education, Society of Public Health Educators, Conference of State Hospital Personnel, Conference of State Sanitary Engineers, Council of State Directors of Public Health Nursing, Civil Affairs Committee of the Military Government Public Health Society, Public Health Cancer Association, and National Organization for Public Health Nursing.

Headquarters will be the San Francisco Civic Auditorium.

Civil Service Exams

Bacteriologist—The California State Personnel Board announces this examination for August 25th, with final filing date August 4th. Salary range, $255 to $310. Positions in this class exist with the State Department of Public Health in Berkeley. Applicants must possess a public health bacteriologist's certificate and have the equivalent to graduation from college with major work in bacteriology or related fields. Technical bacteriological laboratory experience may be substituted for the required education on a year-for-year basis.

Dentist, and *Senior Dentist*—State examinations for these classes will be held July 14th, with final filing date June 23d. Salary ranges are $458 to $556 for *Dentist* and $584 to $710 for *Senior Dentist.* Applicants must possess a valid license issued by the Board of Dental Examiners of the State of California. The senior classification requires one year of full-time paid experience in the practice of dentistry. Positions in the class of dentist exist with the Department of Public Health, the Department of Corrections, Youth Authority and Department of Mental Hygiene. Positions in the class of Senior Dentist exist with the Department of Mental Hygiene.

Inventory Form Developed for Use in Studying Health Resources

Local community groups desiring to study their health resources will find a valuable aid in a new "community self-inventory" form published by the State Department of Public Health. The form, entitled "Inventory of Local Health Problems, Resources and Services," provides a selected list of questions on the various public health subjects. While these questions should not be regarded as a complete coverage of a comprehensive public health program, they can serve as the working basis for stimulating interest in local public health programs.

The inventory, available without charge to community groups in California, may be obtained through local health departments. In areas not served by full-time health departments, the inventory may be obtained directly from the Bureau of Health Education, State Department of Public Health, 760 Market Street, San Francisco 2.

Los Angeles Voters Pass Bond Issue for $21,000,000 Sewer Project

Los Angeles voters on May 29th approved the $21,000,000 bond issue which will allow necessary enlargement of the present sewerage system to keep pace with the city's growth. The new project will provide interceptor lines, relief and outfall sewers, pumping plants and ventilation stations needed to serve areas of rapid development in recent years and to relieve the overload on present facilities.

The five-year construction program made possible by passage of the sewer bonds is another step in a continuing program to provide Los Angeles with sewerage facilities needed to serve the rapidly expanding metropolitan area. The State Department of Public Health has long been interested in the Hyperion sewage treatment plant and in the cleanup of Santa Monica Bay beaches. All of the units of the Hyperion plant were recently completed and put into operation.

Strong support for passage of the recent bond issue came from a Los Angeles Citizens' Committee, of which Elmer Belt, M.D., a member of the State Board of Public Health, was chairman.

Public Health Nursing Certificates

The Bureau of Public Health Nursing reports that during the calendar year 1950 State Public Health Nursing Certificates were granted to 273 nurses. Of this number, 104 were issued to nurses who were successful in passing the state examination and 169 to nurses who had completed a university program of study in public health nursing. Of the 169 nurses with university preparation, 84 completed their work at the University of California in Berkeley or Los Angeles. Sixteen of this number were granted stipends by the State Department of Public Health to enable them to obtain their preparation. That California continues to draw a large percentage of its qualified public health nurses from other states is shown by the fact that 85 of the 169 university-trained nurses completed their work at 23 universities outside of the State.

Probably three-fourths of the world's population drinks unsafe water, disposes of human excreta recklessly, prepares milk and food dangerously, is constantly exposed to insect and rodent enemies and lives in unfit dwellings.—*Dr. Brock Chisholm.*

California Morbidity Report—April, 1951

Civilian Cases

Reportable diseases	Week ending 4-7	4-14	4-21	4-28	Total cases April	5-yr. median 1946-1950 April	Total cases Jan.-April, incl.
Amebiasis	10	16	8	9	43	33	171
Anthrax							2
Botulism		1			1	1	8
Brucellosis (undulant fever)	4	1	5	1	11	13	27
Chancroid	5	5	7	1	18	46	119
Chickenpox	1,356	1,331	1,447	1,267	5,401	6,796	19,765
Cholera							
Coccidioidomycosis, disseminated	2		1	4	7	7	22
Conjunctivitis, acute infectious of the newborn						2	3
Dengue							
Diarrhea of the newborn		1			1	1	12
Diphtheria	2	2	4	3	11	35	76
Encephalitis, infectious			2	3	5	2	20
Epilepsy	22	35	23	25	105	156	508
Food poisoning	24	8	1	4	37	38	47
German measles	185	164	204	202	755	682	2,322
Gonococcus infection	289	318	307	277	1,191	2,230	5,439
Granuloma inguinale						4	5
Hepatitis, infectious	5	4	3	2	14	18	106
Influenza, epidemic	216	91	36	101	444	135	3,585
Leprosy			1	1	2	1	3
Leptospirosis (Weil's disease)							
Lymphogranuloma venereum	1				1	17	32
Malaria					1	1	1
Measles	3,428	3,541	3,982	4,200	15,151	8,276	34,358
Meningitis, meningococcal	3	8	4	3	18	24	134
Mumps	563	455	440	539	1,997	4,662	7,628
Pertussis	38	38	64	50	190	418	830
Plague							
Pneumonia, infectious	64	50	91	56	261	179	994
Poliomyelitis, acute anterior	10	9	14	18	51	30	149
Psittacosis	1				1	1	3
Rabies, animal		3	1		4	26	24
Rabies, human							
Relapsing fever							
Rheumatic fever, acute[1]	3	14	7	7	31	53	86
Rocky Mountain spotted fever							
Salmonella infections[2]	7	5	7	3	22	10	82
Shigella infections (bacillary dysentery)	10	4	7	8	29	11	147
Smallpox							
Streptococcal infections: Resp. including scarlet fever	199	197	220	251	867	520	3,699
Syphilis	170	176	186	204	736	1,512	3,231
Tetanus	1		1	2	4	3	16
Trachoma						1	
Trichinosis	2		1		3	2	5
Tuberculosis:							
Respiratory	143	129	157	210	639	689	2,787
Other forms	9	4	8	5	26	52	130
Tularemia			1		1		1
Typhoid fever	1	1	1		3	8	16
Typhus fever						1	
Yellow fever							
					28,082		86,882

[1] Rheumatic fever cases over age 21 are excluded beginning January 1, 1951.
[2] All types of salmonella infections now reportable. Prior to January 1, 1950, only A, B and C types were reportable, hence five-year median not entirely comparable.

Federal grants to assist in construction of cancer research laboratories and clinical facilities throughout the Country total $16,303,000 since inception of the program in 1947 by the Public Health Service.—*Washington Report of the Medical Sciences, April 30, '51.*

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